SECTION 3
THE REMITTANCE ADVICE (RA)

The Remittance Advice shows claim payment or denial. If the claim has been denied or some other action taken affecting the payment, the RA lists an "Adjustment Reason Code" to explain the denial or other action. The Adjustment Reason Code is from a national administrative code set that identifies the reasons for any differences, or adjustments, between the original provider charge for a claim or service and the payor's reimbursement for it. The RA may also list a "Remittance Remark Code" which is from a national administrative code set for providing either a claim-level or service-level message that cannot be expressed with a claim Adjustment Reason Code.

If a claim is denied, a new or corrected claim form **must** be submitted as corrections **cannot** be made by submitting changes on the RA pages.

Remittance advices for professional services are grouped in the following order.

> Crossover Part-B - reimbursement greater than zero
> Medical - reimbursement greater than zero
> Crossover Part-B - reimbursement equals zero
> Medical - reimbursement equals zero
> Adjustments
> Credits

Claims in each category are listed alphabetically by the patient's last name.

FIELD NUMBER & NAME	EXPLANATION OF FIELD
1. Provider Number	The provider's 9-digit Missouri Medicaid number.
2. Remittance Advice Date	The financial cycle date.
3. Remittance Advice Number	The Remittance Advice number.
4. Page	The Remittance Advice page number.
5. Medical (Claim Type)	The type of claims(s) processed.
6. Recipient Name	The patient's last name and first name. NOTE: If the patient's name and identification number are *not* on file, only the first two letters of the last name and first letter of the first name appear.

FIELD NUMBER & NAME	EXPLANATION OF FIELD
7. Medicaid I.D.	The patient's 8-digit Medicaid identification number.
8. Internal Control Number (ICN)	The 13-digit number assigned to the claim for identification purposes. The first two digits of an ICN indicate the type of claim:

11--Paper Drug
15--Paper Medical
18--Paper Medicare/Medicaid Part B
     Crossover Claim
40--Magnetic Tape Billing (MTB) includes
     claims sent by Medicare intermediaries.
41--Direct Electronic Medicaid Information (DEMI)
43--MTB/DEMI
44--Direct Electronic File Transfer (DEFT)
45--Accelerated Submission and Processing (ASAP)
46--Adjudicated Point of Service (POS)
47--Captured Point of Service (POS)
49--Internet
50--Individual Adjustment Request
55--Mass Adjustment
70--Individual Credit to an Adjustment
75--Credit Mass Adjustment

The third and fourth digits indicate the year the claim was received. The fifth, sixth, and seventh digits indicate the Julian date. In a Julian system, the days of a year are numbered consecutively from "001" (January 1) to "365" (December 31) ("366" in a leap year). The last digits of an ICN are for internal processing. The ICN number 1503277316020 is read as a paper medical claim entered in the processing system on October 4, 2003.

For a drug claim, the last digit of the ICN indicates the line number from the Pharmacy Claim form.

| 9.   Service Dates | The initial date of service in MMDDYY format followed by the final date of service in MMDDYY format. |

FIELD NUMBER & NAME   **EXPLANATION OF FIELD**

10.   Place of Service (POS)   The 2-digit place of service.

11.   Proc. Code - Mod   The CPT or HCPCS procedure code, including any modifier(s) billed by the provider.

12.   Qty.   The units of service billed.

13.   Billed Amount (Charges)   The amount billed by the provider for the procedure.

14.   Allowed Amount (Charges)   The Medicaid maximum allowed amount for the procedure.

15.   Cut/Back   The difference between the billed amount and the allowed amount.

16.   Payment Amount   The amount Medicaid paid on the claim.

17.   Adjustment Reason Codes   Identifies the reasons for any differences, or adjustments, between the original provider billed amount for a claim or service and Medicaid's payment for it.

18.   Patient Acct   The provider's own patient account name or number.

19.   Remark Codes   Provides either claim level or service level messages that cannot be expressed with an Adjustment Reason Code.

20.   Corrected Priority   The state is showing that there is other insurance
       Pay Name   available for the patient. When a claim denies for other insurance, the name of the commercial carrier is shown. Up to two policies can be shown.

21.   Other Claims Related   The patient's group policy insurance number.
       to ID

22.   Other Claims Related   The patient's individual insurance policy number.
       to ID

23.   Category Totals   Each category (i.e., paid crossover, paid medical, denied crossover, denied medical, drug, adjustments) has separate totals for number of claims, billed

FIELD NUMBER & NAME   **EXPLANATION OF FIELD**

		amount and allowed amount. This field also includes totals for quantity, cutback and other payments, if applicable.
24.	Provider Totals	Totals for this provider for this RA.
25.	Spenddown Amount	Total spenddown amount(s) for this provider for this RA.
26.	Earnings Data	Shows fiscal year-to-date total of claims processed and reimbursements paid to the provider.

PROVIDER NUMBER: 621111111 (1)

STATE OF MISSOURI MEDICAID
REMITTANCE ADVICE AS OF 11/07/03 (2)

RA # 87654321 (3)
PAGE 4 (4)

MEDICAL (5)

RECIPIENT NAME (6)	MEDICAID I.D. (7)	INTERNAL CONTROL NUMBER (8)	SERVICE DATES FROM MMDDYY TO MMDDYY (9)	P O S (10)	PROC CODE-MOD (11)	QTY (12)	BILLED AMOUNT (13)	ALLOWED AMOUNT (14)	CUT/ BACK (15)	PAYMENT AMOUNT (16)	ADJUST REASON CODES (17)
JONES,MARY	38785393	49032960000	052303 052303	12	E0250 NU	1	950.00	800.00	150.00-	800.00	A2
		PAT ACCT: J0387 (18)	052303 052303	12	Z0910 NU	1	150.00	134.00	16.00-	134.00	A2
			****CLAIM TOTALS****			2	1100.00	934.00	166.00-	934.00	

*** REMARK CODES: N59 (19)

| WALKER,BOB | 50505050 | 49032960001 | 060103 063003 | 12 | E0601 RR | 1 | 150.00 | .00 | 150.00- | .00 | 22 |
| | | PAT ACCT: MA92 (18) | | | | | | | | | |

*** REMARK CODES: (19)

CORRECTED PRIORITY PAYER NAME: (20) ACME HEALTH REFORM
OTHER CLAIMS RELATED ID: (21) BR549
OTHER CLAIMS RELATED ID: (22) 001349898

ZEPHER,ED	07070707	49032960002	070103 073103	12	E0430 RR	1	70.00	30.40	39.40-	30.50	A2
		PAT ACCT: ZE070 (18)	070103 073103	12	E1390 RR	1 2	400.00	199.50 229.50	200.50-	199.50 229.50	A2
			****CLAIM TOTALS****				470.00		239.90-		

*** REMARK CODES: N59 (19)

*****CATEGORY TOTALS ;		NUMBER OF CLAIMS =			3	5	1720.00	1163.50	555.90-	1163.50	
		(23)									
****PROVIDER TOTALS ;		NUMBER OF CLAIMS =			3	5	1720.00	1163.50	555.90-	1163.50	
		(24)									

SPENDDOWN AMOUNT: .00 (25)

EARNINGS DATA* (26)

	CURRENT
NO. OF CLAIMS PROCESSED	25
DOLLAR AMOUNT PROCESSED	1903.00
CHECK AMOUNT	1903.00